


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L65934 (6)</b>			
1. Corporation Name <b>TRANS WORLD REALTY GROUP, INC.</b>			
Principal Place of Business <b>6957 W COMMERCIAL BLVD TAMARAC FL 33319 US</b>		Mailing Address <b>6957 W COMMERCIAL BLVD TAMARAC FL 33319-2119 US</b>	
2. Principal Place of Business		3a. Date of Last Report <b>06/07/1996</b>	
21. Suite, Apt #, etc.		4. FEI Number <b>59-3028291</b>	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		9. Name and Address of Current Registered Agent <b>FINKELSTEIN, MARILYN 4502 QUEEN PALM LANE TAMARAC FL 33319</b>	
26. Suite, Apt #, etc.		10. Name and Address of New Registered Agent	
27. City & State		81. Name	
28. Zip		82. Street Address (P.O. Box Number is Not Acceptable)	
29. Country		83.	
30. Country		84. City	
31. Zip		85. Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____ <small>Signature is type 1 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>FINKELSTEIN, MARILYN</b>		1.2 NAME	
STREET ADDRESS <b>4502 QUEEN PALM LANE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMARAC FL</b>		1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		3.2 NAME	
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6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Marilyn Finkelstein</i>		4/3/97 934-2245700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)